



# Registration Form for The Wilds Family Camp August 14-19, 2017

Rev./Dr./Mr./Mrs. \_\_\_\_\_ **DOB\***    /   /     
\*Collected for medical/legal purposes  
 Spouse's first name (if attending) \_\_\_\_\_ **DOB**    /   /   

## Names of children attending Family Camp

Grade of Sept. 2017	Date of birth	Gender	Grade of Sept. 2017	Date of birth	Gender
	/ /	<input type="checkbox"/> M <input type="checkbox"/> F		/ /	<input type="checkbox"/> M <input type="checkbox"/> F
	/ /	<input type="checkbox"/> M <input type="checkbox"/> F		/ /	<input type="checkbox"/> M <input type="checkbox"/> F
	/ /	<input type="checkbox"/> M <input type="checkbox"/> F		/ /	<input type="checkbox"/> M <input type="checkbox"/> F
	/ /	<input type="checkbox"/> M <input type="checkbox"/> F		/ /	<input type="checkbox"/> M <input type="checkbox"/> F
	/ /	<input type="checkbox"/> M <input type="checkbox"/> F		/ /	<input type="checkbox"/> M <input type="checkbox"/> F
	/ /	<input type="checkbox"/> M <input type="checkbox"/> F		/ /	<input type="checkbox"/> M <input type="checkbox"/> F

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (     ) \_\_\_\_\_ E-mail \_\_\_\_\_

Business  Cell  Home

Church Name \_\_\_\_\_ State \_\_\_\_\_

## Accommodations: Give 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> choices.

**Inn** \_\_\_\_\_ **Lodge** \_\_\_\_\_ **Duplex** \_\_\_\_\_  
(families of four or fewer; linens provided)      (families of five or six; linens provided)      (families of ten or fewer; please bring linens)

If possible, we would like to be housed near \_\_\_\_\_

A \$100 deposit must accompany this form. Deposits are refundable or transferable only if we are notified of the cancellation 60 days before the program begins. To register online, go to [www.wilds.org/register](http://www.wilds.org/register). Alternatively, you can fax or mail the form with your check or credit card information.

Charge \$100 Deposit     Charge Total Amount



Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ C/V# \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Print name as it appears on card \_\_\_\_\_

Signature of cardholder \_\_\_\_\_

### Contact Info:

The Wilds • PO Box 509 • Taylors, SC 29687-0009  
 Phone: (864) 331-3286 • Fax: (864) 331-3285  
 E-mail: [tw.summer.camps@wilds.org](mailto:tw.summer.camps@wilds.org)

**Use this address AFTER May 24, 2017:**  
 The Wilds • 1000 Wilds Ridge Road  
 Brevard, NC 28712-7273

Office Use Only
Pd \$ _____
Due \$ _____